

Abstracts

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Duration was estimated from the number of treatment days per patient. Resource use (medications, physicians visits, referrals [excluding hospitalisations]) were retrieved from patients' medical records. Economic analyses were performed to estimate the average direct cost of PHN management from the National Health Service (NHS) perspective. **RESULTS:** 25,002 patients with HZ were included in the analyses. Mean age was 67.9 years, 61.1% were females. One-month definition: 19.5% (95%CI 19.0%; 20.0%) of patients developed PHN, 65.4% were females; mean age was 71.2 years. Three-month definition: 13.7% (95%CI 13.2%; 14.1%) of patients developed PHN, 66.6% were females; mean age was 71.1 years. The mean PHN duration was 7.5 and 9.0 months using the 1 and 3-month definitions respectively. The mean direct cost of PHN management per episode was £284.38 and £340.04 for the NHS (1 and 3-months definitions) increasing with severity (mild: £166.62, moderate: £317.97, severe: £519.62 for the 1-month definition). **CONCLUSION:** This study confirms that PHN episodes remain frequent and costly sequelae of HZ. Therefore, the future implementation of a prophylactic Zoster vaccine is expected to significantly decrease the economic burden of PHN.

PIH9

THE ECONOMIC BURDEN OF DRUGS FOR CHILDREN CARE IN GENERAL PRACTICE: AN OBSERVATIONAL STUDY IN FRANCE

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In France, children represent about 15% of GPs' consultations. The reasons for the doctor-child encounter have not yet been extensively studied, and no research gave insights into the economic burden of children care in general practice. **OBJECTIVES:** This study aimed to: 1/ provide a descriptive analysis of the main reasons for encounter, 2/ to examine the breakdown of the cost of drugs prescribed and 3/ to estimate the economic burden of drugs for children care in general practice in 2003 (the prevalence method was used). **METHODS:** We carried out an observational study in a representative sample of 922 French GPs (BKL-Thalès® panel). We observed 60 consecutive visits per doctor and registered data concerning all the children's visits during this period of time. Patients' demographics, reasons for encounter and related treatments were collected directly during the consultation (patient management software). **RESULTS:** A total of 6652 consultations out of 50,848 (13.08%) concerned children (up to 15 years old). They were on average 6.8 ± 4.3 years old (29.2% were 3 or less), 52.1% were males, 11.1% of them consulted the GP for the first time, only 1.3% had a chronic illness. The main reasons for encounter were respiratory tract infections in 54.8% of cases, vaccination or routine exam and prevention in 13.6%, abdominal complaint in 4.3% and dermatosis in 4.1%. The top 3 of the cost of drugs prescribed was: antibiotics with 21.7% of the costs (€12,652 in the sample), local treatment for URTI with 19.9% (€11,575) and vaccines with 11.8% (€6898). The economic burden of drugs for children care in general practice was estimated at €179.6 million for the year 2003. **CONCLUSION:** We identified an area of high expenditure where inefficiencies may exist and saving be made; this remains to be explored.

SERVICE UTILIZATION AND HEALTH CARE COSTS OF THE ELDERLY POPULATION IN GERMANY

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OBJECTIVES: Due to future demographic change health policy has to focus on elderly people. The aim of this study was to measure service utilization and direct health care costs and its predictors for the age group 75+ in Germany from the societal perspective. **METHODS:** A bottom-up costing study was conducted using a representative cross-sectional population sample. Study subjects (N = 452) were recruited through 20 general practitioners in Saxony. The main instrument was a questionnaire of service utilization and costs administered by an interviewer. The Chronic-Disease-Score (CDS) was calculated based on reported drug utilization. Predictors were derived by multivariate regression models. **RESULTS:** Study subjects caused average direct health care costs of EUR 3868 in 2004. This included: inpatient treatment 36%, pharmaceuticals 28%, outpatient services 14%, home care 9%, medical supply and dentures 6%, nonphysician providers 4%, assisted living 1% and transport 2%. Female gender, a higher level of vocational training and a higher CDS were predictors of higher total costs. Age and family status had no significant influence. Within the 3 month preceding the interview study subjects utilized at least once: pharmaceuticals 98%, outpatient services 98%, nonphysician providers 29%, home care (12 months) 23%, inpatient treatment (6 months) 18%, medical supply and dentures 16%, assisted living (6 months) 4% and transport 54%. 54% of the study subjects accounted for 90% of total costs. **CONCLUSIONS:** Elderly people in the age group 75+ cause substantial direct health care costs in particular for inpatient care and pharmaceuticals. Measured costs are almost twice as high as the average expenses paid per insured person by compulsory sickness funds and long-term care insurance in 2004, in Germany. Further research should focus on heavy users, thereby concentrating on the two main cost categories, which account for 64% of the average direct costs.

PIH11

EXPENDITURES ON PHARMACEUTICALS: DEMOGRAPHIC CHANGE AND INNOVATION—AN EMPIRICAL ANALYSIS

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OBJECTIVES: Several studies forecasting health care expenditures (HCE) predict continuously increasing expenses due to at least three factors: ageing, technical progress, and prices. The aim of this study is to identify the effects of selected influencing factors on the expenditures of prescribed drugs (EPD), e.g. the share of 65 aged and older (POP65), doctors' consultations (DOC), and R&D expenditures of pharmaceutical industry (PHARM_R&D). As EPD have grown faster than any other major components of HCE since the late 1990s, cross-national differences in pharmaceutical expenditures are of great interest. **METHODS:** With panel data of seven countries (Australia, Canada, Finland, France, Germany, Japan, and US) from 1991 to 2001 a dynamic panel estimator, namely the first-differenced General Method of Moments (GMM) has been applied to test the following hypotheses. If POP65 as well as DOC, and PHARM_R&D increase, then EPD will increase. If the rest life expectancy at age 65 (LIFEXP65) as well as PHARM_R&D increase, then innovations instrumented as patent applications (PAT_AP) will increase. **RESULTS:** The one-period lagged EPD (0.646; 99%CI) was highly significant, POP65 (0.018; 90%CI) and DOC (-0.024; 95%CI) were significant, and PHARM_R&D was marginally significant